



PUBLIC RECORD REQUEST
Idaho State Police
700 S. Stratford
Meridian ID 83642

In order to best serve the public and to process your request for public records as expeditiously as possible, all requests to examine or copy public records **MUST BE MADE IN WRITING**. Please help us in this process by filling out this form completely. Be sure to print your name (optional), address and telephone number so that we may respond to this request.

DATE: _ _ _ _ _

I request to: ☐ Examine ☐ Copy

TO: _____

ALL COPIES MADE ARE SUBJECT TO A COPYING COST WHICH MAY BE REQUIRED PRIOR TO RECEIPT OF RECORD(S).

PLEASE DESCRIBE THE RECORD(S) YOU ARE REQUESTING FULLY, USING RELEVANT DATES, LOCATION, NAMES OR DATE OF BIRTH, INCIDENT, ETC., TO ASSIST THE AGENCY IN RESPONDING

INFORMATION REQUESTED

(THE RECORDS CUSTODIAN WILL MAIL THE RESPONSE TO THE NAME AND ADDRESS GIVEN BELOW)

Name: _____
Address: _____

Day Phone _____

We will respond to this request within three (3) business days. Business days are Monday – Friday 8:00 am to 5:00 pm. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day.